

**2009 MCPSS
APPENDIX B**

Survey Questions

Table A1-1 2009 MCPSS Questions

Business Function	Question
Overall	Q0. Approximately how long have you been a Medicare Provider?
	Q1. {CONTRACTOR}, your Contractor, provides a number of services on behalf of Medicare to Medicare Providers in your area. Thinking about ALL your interactions with your Contractor, {CONTRACTOR}, {in the last twelve months/ since {DATE}}, how satisfied have you been with your Contractor's performance overall. Please rate your level of satisfaction on a scale of 1 to 6, where 1 is "Not at all Satisfied" and 6 is "Completely Satisfied."
Section A: Provider Inquiries	A1. How quickly you can reach a representative to make a Provider Inquiry by telephone
	A2. Receiving the correct information
	A3. The consistency of responses that you get from different Provider Inquiries representatives
	A4. The effort your Contractor makes to make the Provider Inquiries process as easy as possible for you
	A5. The modes of communication that are offered by your Contractor to exchange information with them about Inquiries
	A6. The professionalism and courtesy of your Contractor's representatives throughout Provider Inquiries activities
	A7. Your Contractor's ability to fully resolve problems without you having to make multiple inquiries
	A8. In the last twelve months/Since {DATE} which method(s) have you used to communicate with your Contractor?
	A9. In the last twelve months/ Since {DATE} which method have you used most often to communicate with your Contractor?
	A10. In the last twelve months/ Since {DATE} how many inquires have you and any other persons in your facility made?
	A11. Do you use the internet to get any of the following? (Mark all that apply)
	A12. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Inquiry activities. In what ways (if any) do you think this service could be improved?
Section B: Provider Outreach and Education	B1. In the last twelve months/ Since {DATE} what education and training resources of (CONTRACTOR) have you used?
	B2. The amount of training and educational resources available from your Contractor
	B3. The detail in which topics are covered
	B4. The tailoring of training or education at a level you can understand
	B5. The topics of the training and education materials are up-to-date
	B6. The relevance of the training and education material topics to your organizations needs
	B7. The accessibility of education and training resources from your Contractor
	B8. The expertise of your Contractor's provider education and training staff

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	B9. Your contractor's communication with you about changes that have been or are being made to Medicare policies and regulations
	B10. The professionalism and courtesy of your Contractor's training and education representatives
	B11. If you are an eligible professional, CMS' outreach and educational efforts on the "Physician Quality Reporting Initiative or PQRI"
	B12. CMS products to educate you on how to bill for preventive services
	B13. For which of the following topics would you like to see more training and education material (mark all that apply)?
	B14. Do you find CMS listserv messages an effective method of communication to notify you about new Medicare Fee-for-Service information?
	B15. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Outreach & Education activities. In what ways (if any) do you think this service could be improved?
Section C: Claims Processing	C1. The accuracy of your Contractor's claims editing
	C2. The timeliness of notification from your Contractor that a claim will not be paid, including denied, returned or unprocessed claims
	C3. The accuracy of remittance advices received from your Contractor
	C4. The ease of submitting electronic claims
	C5. The availability of your Contractor's representatives to address claims-related issues
	C6. The clarity of remittance advices you receive from your Contractor
	C7. The ease of correcting claims, such as correcting claims online or asking for a change over the phone
	C8. In the last twelve months/ Since {DATE} how have you submitted claims?
	C9. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Claims Processing activities. In what ways (if any) do you think this service could be improved?
Section D: Appeals	D1. The consistency of your Contractor's first-level appeals decisions for claims that have been denied
	D2. The mechanisms that your Contractor offers for exchanging information with them about first-level appeals
	D3. Your Contractor's responsiveness, attentiveness, and availability during the process of first-level appeals
	D4. The professionalism and courtesy of your Contractor's representatives during the appeals process
	D5. The clarity of explanations of appeal decisions made by your Contractor
	D6. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Appeals activities. In what ways (if any) do you think this service could be improved?

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Section E: Provider Enrollment	E1. The ability of your Contractor representative to respond to your questions about the Medicare enrollment application, CMS Form 855
	E2. The consistency of your Contractor's responses or decisions
	E3. The professionalism and courtesy of your Contractor's representatives during the Provider Enrollment process
	E4. Your Contractor's responsiveness, attentiveness, and availability during the process of enrollment
	E5. Your Contractor's ability to answer questions specific to your situation or specialty.
	E6. In the last twelve(12) months/since {DATE}} Have you completed the enrollment process?
	E7. The information provided by your Contractor to enable you to start billing for services.
	E8. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Enrollment activities. In what ways (if any) do you think this service could be improved?
Section F: Medical Review	F1. The clarity of the notification (letter, phone call, etc.) from your Contractor that your claims were selected for Medical Review
	F2. The clarity of the explanations of your Contractor's Medical Review decisions
	F3. Receiving timely local Medical Review policy changes and updates that affect your organization from your Contractor
	F4. The follow through that your Contractor provided after Medical Review decisions
	F5. The knowledge of your Contractor's Medical Reviewers
	F6. How well your Contractor makes an effort to make things as easy and as fair as possible for you
	F7. The consistency of your Contractor's Medical Review decisions and answers to your questions
	F8. The professionalism and courtesy of your Contractor representatives throughout the medical review process
	F9. We are interested in any general comments you have about [CONTRACTOR]'s handling of Medical Review activities. In what ways (if any) do you think this service could be improved?
Section G: Provider Audit and Reimbursement	G1. Availability of timely updates from your Contractor on Medicare policy (regulations, manuals and other instructions) that affect Provider Audit and Reimbursement
	G2. The professionalism and courtesy of your Contractor representatives throughout all Provider Audit and Reimbursement activities.
	G3. How well your Contractor makes an effort to make things as easy and as fair as possible for you during Cost Report settlement activities.
	G4. Your Contractor's interpretations of CMS' rules for Cost Report and payment policies
	G5. The knowledge of your Contractor's Cost Report Auditors
	G6. The timeliness of your Contractor's audit of your Cost Report, if one is conducted, and the final settlement.

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	G7. The overall communication between you and your Contractor about adjustments and Cost Reports/ Cost Report Audits
	G8. The clarity of your Contractor's instructions for the process of requesting a review and adjustment to your Interim Payments
	G9. The reasonableness of your Contractor's requests during their consideration of an adjustment to your Interim Payments, including the time you are given to submit documentation and the methods you are given for submitting those documents
	G10. The clarity of your Contractor's explanations for decisions about adjustments to your Interim Payments
	G11. The timeliness of your Contractor's decisions about adjustments to your Interim Payments
	G12. We are interested in any general comments you have about [CONTRACTOR NAME]'s handling of Provider Audit and Reimbursement activities. In what ways (if any) do you think this service could be improved?